

MEMBERSHIP TYPE

Individual \$38 (inclusive of GST) Gift \$38 (inclusive of GST)

NEW MEMBER DETAILS

Mr / Ms / Mrs / Dr (please circle) or Other _____

First Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____ Email _____

PURCHASER DETAILS (if a Gift Membership)

Mr / Ms / Mrs / Dr (please circle) or Other _____

First Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____ Email _____

If a Gift Membership, message should read _____

POSTAGE DETAILS

Please send membership card to:

Gift Membership recipient Gift Membership purchaser Collect at Box Office

PAYMENT DETAILS

Mastercard Visa

Card Name _____

Card Number _____ / _____ / _____ / _____

Expiry ____ / ____ CCV _____

Signature of cardholder _____ Date _____

Cheque (made payable to HOTA, Home of the Arts)

Cash (payable at HOTA Box Office)

I have read and understand the Terms & Conditions of HOTA Membership I agree

HOW TO SUBMIT

In person HOTA Box Office

Post HOTA, Home of the Arts, PO Box 6615, GCMC, QLD 9726

Online HOTA Membership application and full Terms & Conditions available at HOTA.COM.AU/BELONG

OFFICE USE ONLY

Date of payment _____ Processed by _____